



Attorney Docket No. 15162/02100

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I re

U.S. application of:

Shinya MATSUDA, Takashi MATSUO

and Masayuki UEYAMA

For:

ACTUATOR AND DRIVING METHOD

THEREOF

U.S. Serial No.:

09/591,622

Confirmation No.:

3045

Filed:

June 9, 2000

Examiner:

Thomas M. Dougherty

Group Art Unit:

2834

Box RCE

Assistant Director

for Patent

Washington, D.C. 20231

Dear Sir:

EXPRESS MAIL MAILING LABEL NO.: EV 047884202 US

DATE OF DEPOSIT: JULY 9, 2002

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to BOX RCE, Assistant Director for Patents, Washington, D.C. 20231.

Derrick T. Gordon

Name of Person Mailing Paper or Fee

Derrick T. Gordon

Signature

JULY 9, 2002

Date of Signature

REQUEST FOR CONTINUED EXAMINATION (RCE)

PURSUANT TO 37 C.F.R. § 1.114

This is a Request for Continued Examination (RCE), of Application Serial No. 09/591,622, filed on June 9, 2000, by Shinya MATSUDA, Takashi MATSUO and Masayuki UEYAMA, entitled ACTUATOR AND DRIVING METHOD THEREOF.

A Response Under 37 C.F.R. § 1.116 to the Office Action, dated January 17, 2002, was filed on May 9, 2002, along with a Petition for Extension of Time to extend the response period for one month to May 17, 2002.

07/11/2002 ANONDAF1 00000079 181260 09591622

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740.00 CH

Serial No. 09/591,622

A Petition to extend the response period three months to July 17, 2002, is being filed concurrently.

✓ Please enter the Amendment under 37 C.F.R. § 1.116 which was previously filed on May 9, 2002, but not entered by the Examiner, and wherein claims 1 and 2 incorporate new amendments.

A Response Transmittal and Fee Authorization form authorizing the amount of \$740.00 for the filing fee for a Request for Continued Examination (RCE), plus \$810.00, the difference between the three month extension fee of \$920.00 under 37 C.F.R. § 1.17(a)(3)) and the one month extension fee of \$110 under 37 C.F.R. § 1.17(a)(1)), to be charged to Sidley Austin Brown & Wood LLP's Deposit Account No. 18-1260 is enclosed herewith in duplicate. However, if the Response Transmittal and Fee Authorization form is missing, insufficient, or otherwise inadequate, or if a fee, other than the issue fee, is required during the pendency of this application, please charge such fee to Sidley Austin Brown & Wood LLP's Deposit Account No. 18-1260. Please credit any overpayment to Sidley Austin Brown & Wood LLP's Deposit Account No. 18-1260.

Respectfully submitted,

By: 

Douglas A. Sorensen
Registration No. 31,570
Attorney for Applicants

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July 9, 2002

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/591622

RCE

7-9-02

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

CLAIMS AS AMENDED - PART II

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR OTHER THAN SMALL ENTITY

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X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

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X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 8, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.